

Department of Labor & Economic Growth

New Hire/Rehire Orientation

What Every New DLEG Team Member Should Know

- Vision & Values for State Of Michigan Employees

Integrity
Excellence
Teamwork
Inclusion



- DLEG Mission Statement

Grow Michigan by promoting economic and workforce development, stimulating job creation and enhancing the quality of life in Michigan.

Hire Packet Checklist

- Print out this form.
- Verify that you have accessed or printed out the items on the list by marking yes or no under the "Received" column.
- Enter your full name.
- Fill in social security number.
- Sign and date.
- *Return to the Office of Human Resources.*



Report for Work Notice

This form is used to provide the Office of Human Resources with your personal information.

- Enter your full (legal) name, social security number, birth date, street address, city, state, zip code, county of residence and home telephone number.
- Indicate whether you are married or single, a U.S. citizen or not and if previously employed by the State of Michigan specifying the prior department.
- Choose an emergency contact by identifying their name and telephone number. You may change this information at any time via your HRMN Self Service account.
- Indicate your gender, race and handicap if applicable.
- There is a spot on the bottom of the form to list a different address than the one above. This address would be used to determine your federal, state and city taxes.
- Sign and date.
- *Return to the Office of Human Resources.*

Federal Tax Form

This form is to designate your personal information and exemptions in regards to your federal tax deductions.

- Enter your information into boxes 1, 2, & 4.
- In box 3 indicate whether you are claiming as single, married or married but withholding at the higher single rate.
- Put the number of exemptions you would like to claim in Box 5.
- If you would like an additional amount withheld from your paycheck please indicate so in Box 6.
- See Box 7 if you are subject to an exemption of withholding taxes.
- For more information visit WWW.IRS.GOV.
- Sign and date.
- *Return to your Office of Human Resources.*

State Tax Form

This form is to designate your personal information and exemptions in regards to your state tax deductions.

- Enter your information into boxes 1-5.
- Enter the number of exemptions you would like to claim in box 6.
- If you would like an additional amount withheld from your paycheck please indicate so on line 7.
- See line 8 if you are subject to an exemption of withholding taxes.
- For more information visit WWW.MICHIGAN.GOV/TREASURY.
- Sign and date.
- *Return to the Office of Human Resources.*



City Tax Form

This form is to designate your personal information and exemptions in regards to any applicable city tax deductions.

- Enter your information into boxes 1 and 2 (indicate the applicable taxable city). A list of taxable cities is listed on page 2 of form.
- Enter employee number (if known) in box 3.
- Enter the number of exemptions you would like to claim in box 4.
- For more information visit the specific city's website.
- Sign and date.
- *Return to the Office of Human Resources.*



U.S. Department of Justice Employment Eligibility Verification Form

This form is to verify your employment eligibility.

- Enter your last name, first name, middle initial, maiden name (if applicable), date of birth, address, city, state, zip code and social security number.
- Check one of the three boxes under "I attest...".
- You must provide employer with one item from List A or one item each from List B and List C on page 2 of the form.
- Sign and date.
- *Return to the Office of Human Resources.*

Enhancing Your Pension-An Overview of Defined Benefit

This informational booklet is for rehired state employees, that are enrolled in the Defined Benefit retirement plan.



If you would like more information please visit the ORS website at WWW.MICHIGAN.GOV/ORS.

Retirement Plan Selection Form

This form is ONLY for rehired state employees who are eligible for the Defined Benefit Retirement Plan.

- Read page 1 and, fill out section 1 to determine your eligibility.
- If eligible complete section 2. If ineligible OHR will either enroll you in the plan you previously had or the new DC plan.
- Enter your full name, street address, home and work phone numbers, city, state, zip, new department and date of rehire.
- Sign and date.
- *Return to the Office of Human Resources.*

Looking to the Future-The 401k Retirement Plan for State of Michigan Employees

This is an informational booklet
concerning 401k accounts.



If you would like more information please
visit the ORS website at

WWW.MICHIGAN.GOV/ORS or CitiStreet
at [HTTP://STATEOFMI.CSPLANS.COM](http://STATEOFMI.CSPLANS.COM).

Oath of Office

This form is used for you to swear your
oath to the United State Constitution as
well as the State of Michigan Constitution.

- Enter your full name.
- Sign and date.
- *Return to the Office of Human Resources.*



Final Compensation Beneficiary Designation

This form designates who will receive your last payroll check(s) in the event of your death.

- Enter your name, social security number and current department/agency.
- Choose a primary beneficiary by listing their name, social security number, relationship to you, address and birth date.
- If you would like to choose a secondary beneficiary list them under that category using the same information as above.
- You may only list one primary and one secondary unless you are listing children, in that case you may list all of your children.
- Sign and Date.
- *Return to the Office of Human Resources.*

Life Insurance and Accidental Duty Death Beneficiary Designation

This form is for your life insurance (2X's or Reduced Life) and accidental duty death (which is a benefit for all employees who are eligible for life insurance).

- Employee Data (section)
 - Complete general information (social security number, employee name, date of birth, gender and address).
- Life Insurance Beneficiary Designation (section).
 - You must complete all beneficiary areas and percentage (last name, first name, middle initial, relation to you and address).
 - Contingent Beneficiary (see page 2 for more information).
- Accidental Duty Death Beneficiary Designation (section)
 - This insurance pays \$100,000.00, in addition to the employee's regular group life insurance.
 - You must complete all beneficiary area and percentage (last name, first name, middle initial, relation to you and address).
 - Contingent Beneficiary (see page 2 for more information).
- Employee's Signature (section)
 - Sign and date.
 - *Return to the Office of Human Resources.*

DCDS Security Request

This form is to set up your username and password for computer access to the State's timekeeping system.


- Check One: New User (new hire or rehire)-Modify User (transfer)-Delete User.
- User Information: Enter your full name, social security number, work phone, e-mail address, department #, Agency #, TKU (time keeping unit #).
- Immediate Supervisor: Enter name of supervisor.
- TKU (supervisor's TKU#).
- Former Supervisor (if applicable).
- TKU (former supervisor's TKU#-if applicable).
- Check either for:
 - ☐ Add Role
 - ☐ Delete Role
 - ☐ Change Scope (TKU).
- Sign and date.
- Have your supervisor sign and date.
- *Return to the Office of Human Resources.*



IT Resources Acceptable Use Policy (1460.00)


This policy identifies acceptable use of the State's Information Technology Resources, provides awareness of expected end-user behavior, and is also intended to safeguard IT data resources.

You are responsible for reviewing the information contained in this policy.



IT Resources Acceptable Use Policy (1460.00) Receipt

- Enter your full name.
- Enter your social security number.
- Sign and date.
- *Return to the Office of Human Resources.*



Department of Civil Service Rules Sections 1-3, 1-14, & 2-8

These rules cover information concerning patents and inventions, copyrights and disclosures concerning employees while working for the State.

You are responsible for reviewing the information contained in this document.



Employee or Contractual Employee Security Agreement

This form is to acknowledge that you accept and agree to the information contained in the Civil Service rules sections 1-3, 1-14 & 2-8 accessed prior to this form.

- Enter your last name, first name and middle initial.
- Enter your Social security number.
- Sign and date.
- *Return to the Office of Human Resources.*



State Board of Ethics

This document explains the State Ethics Act which was released March 21, 2002. You are responsible for the information contained in this document.

DLEG Code of Ethics Policy

These are the principles that DLEG has adopted for achieving its goal of ensuring an atmosphere of ethical behavior.

You are responsible for the information contained in this policy.

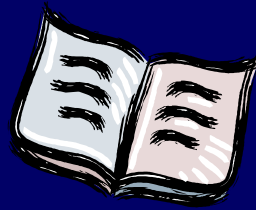
Disclosure of Interest

Complete Section A & Section B if no Disclosure;
Complete Section A & Section C if there is a Disclosure.

- Section A (must be completed): Enter last name, first name, middle initial, bureau, division, civil service class/level, working title of position, name/title of immediate supervisor and designation of position responsibilities (if applicable).
- Section B: Disclaimer that you have no personal or financial interests, sign and date.
- Section C: Complete this section if you have something to disclose otherwise leave blank. Enter Nature of Interest (if any). How and when was interest acquired (if any). Amount or Extent of Interest (if any). Sign and date.
- *Return to the Office of Human Resources.*

Civil Service Rulebook Internet Address

You should save this address to your favorites, book mark it, or save it on your hard drive for future reference.



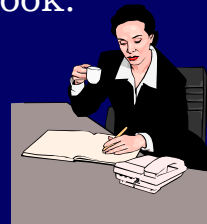
Receipt of Civil Service Rulebook

This is to verify that you were given access to the Civil Service Rulebook website.

- Enter full name.
- Employee ID number (if available).
- Sign and date.
- *Return to the Office of Human Resources.*

DLEG Employee Handbook

This link takes you to the DLEG Employee Handbook. You should bookmark it, save it to your favorites menu, download it to your hard drive, or print it out for future reference. You are responsible for the information contained in the handbook.



DLEG Employee Handbook Receipt

The DLEG Employee Handbook Receipt is to acknowledge that you have been given access to the DLEG Employee Handbook. You should have book marked, saved to your favorites menu, downloaded it to your hard drive, or printed out the handbook prior to clicking on this form.

- Enter your full name.
- Enter your Employee ID # (if available).
- Sign and date.
- *Return to the Office of Human Resources.*

Direct Deposit Notice


This notice is to inform you that your paychecks MUST be direct deposited into at least one financial institution account.



Payroll Direct Deposit Authorization

This form designates where you want your payroll checks deposited. You can sign up for a maximum of four accounts.

- Part 1:
 - ☐ Enter your full name (last, first and middle).
 - ☐ Enter your Employee ID# (if available).
- Part 2:
 - ☐ Check the box that states "Add the following Direct Deposit".
 - ☐ Enter name of financial institution.
 - ☐ Enter routing number of your financial institution. See page 2 of form on where to find that number.
 - ☐ Indicate the account type (checking or savings).
 - ☐ If this is the only account you will be setting up at this time enter 100% on the percent line, if setting up more than one account at this time indicate percent or dollar amount to be deposited into this account.
 - ☐ If this is the only account check "Default". If setting up more than one account at this time indicate the distribution order. For definition of this term, see page 2 of form.
 - ☐ When you've completed entering account information sign and date the bottom of the form.
 - ☐ Enter your work phone number (if available).
 - ☐ Enter your home phone number.
 - ☐ *Return to the Office of Human Resources.*



Travel Expense Registration Information

This document explains what needs to be done to change your address or name for travel expense reimbursements.

You will want to print and retain this information for future reference if your job requires you to travel.



Master Vendor/Payee Registration

This form is used to enter the employee in the MAIN system so Finance can process Travel Vouchers, Travel Advances, etc. It should match the address where you would want any manual checks, that may be issued, sent to.

You must complete a new registration form anytime you have an address or name change.

- Check the box that pertains to your situation.
- Enter your social security number.
- Enter your full name.
- Enter your mailing address.
- Enter the city, state and zip code.
- Sign and date.
- Enter the Department name...Labor & Economic Growth.
- Enter your work phone number (if available).
- *Return to the Office of Human Resources.*

Motor Vehicle Driver Agreement

In the event that you may need to drive a State owned vehicle, this form says you agree to the State Vehicle Policy & Practice Guide explained on this document. All employees are required to complete this form.

- At the top of the form where it states "Driver is a:", check the box that pertains to you.
- At the bottom of the form enter your full name.
- Sign and date.
- Enter the Department name...Labor & Economic Growth.
- Enter you Bureau/Division.
- Enter your Employee ID# (if available).
- Enter your Driver's License number and the state in which it was issued.
- *Return to the Office of Human Resources.*

Politics and the Classified State Employee

This is a policy that explains permitted and prohibited political activities as a State employee. You are responsible for information contained in this document.

Whistleblower Protection

This is a Civil Service Rule that explains the protection of employees who disclose violations in the workplace.



Prior Military Service Credit

This memo explains what needs to be done in order to get credit for prior active duty time towards annual leave accruals and longevity payments.





Veteran's Survey

This survey is used for Federal Funding purposes.

- Check the box that pertains to you.
- Enter your name.
- Enter the date.
- *Return to the Office of Human Resources.*



Discriminatory Harassment Policy/Work Rule

The policy defines what constitutes Discriminatory Harassment and explains the reporting procedures.

You are responsible for information found in this policy.



Workplace Safety Policy

The policy explains Workplace Safety and the employees role.

You are responsible for information found in this policy.



Work Rule for Workplace Safety

In the event of violence in the work place this policy explains the actions that should be taken and consequences of the threatening party.

You are responsible for information found in this policy.



Discriminatory Harassment /Workplace Safety Policies & Work Rules Receipt

This form is proof you received the policies listed above.

- Print your name
- Sign your name
- Enter the date
- *Return to the Office of Human Resources.*



ESA Bump Card

If you are an ESA HSS Unit Employee you must complete this card.



UIA Bump Card

If you are an UIA HSS Unit Employee you must complete this card.



ABC'S of DLEG Employment

- **Accident Reporting:** Work related injuries must be reported to the employee's supervisor immediately, who will then contact the Bureau Liaison or OHR.
- **Annual Leave:** New employees will accrue 4 hours of annual leave per pay period. They must complete 720 hours of satisfactory service time and have supervisory approval before they can begin using their accrued time. Employees appointed to non-career positions are not eligible to accrue leave time. Accruals increase with length of service (i.e. after completion of one year the accrual rises to 4.7 and rises in 5-year increments after that). Annual leave balances are paid to the employee upon separation, provided they have reached 720 hours of service.

ABC's continued

- **Banked Leave Time (BLT):** For each hour or partial hour in pay status that is unpaid the employee is credited with an equal amount of banked leave time. The amount of unpaid hours per pay period may vary with Bargaining Units. The employee may use accumulated BLT in the same manner as annual leave. Upon separation from the State the value of unused BLT shall be placed in a 401K plan for the employee.
- **Employee Handbook:** The DLEG Employee Handbook explains departmental policy. All employees are responsible for reading and understanding the handbook.

ABC's continued

- **Employee Identification Number:** All newly hired employees will be assigned an employee identification number. This number should be treated as you would your social security number and should not be shared. ID numbers are used in HRMN self serve, parking, open enrollment etc.
- **Family and Medical Leave Act (FMLA):** The federal Family and Medical Leave Act (FMLA) entitles an eligible employee up to twelve weeks of unpaid leave within a twelve- month period. The employee must work for 1,250 hours within the previous twelve-month period prior to the requested leave and be performing satisfactorily.

ABC's continued

- **HRMN – Self-Serve Transactions:** Employees are able to access and process some of their own personnel and benefit transactions on line via the Internet. Eligible employees will receive a USER ID and Password within 2 weeks of their start date.
- **Holidays:** Full time staff members receive 8 hours of paid time for state recognized holidays. Part time employees receive a pro-rated amount of hours. Non-career employees are not eligible for holiday pay.
- **Identification Cards:** If applicable, employees will be issued identification cards giving them access to state facilities. Do not loan your card to anyone. A replacement ID card currently costs \$25.00.

ABC's continued

- **Initial Leave Grant:** Upon appointment, newly hired employees receive 16 hours of leave that may be used immediately. Employees appointed to non-career positions are not eligible for the initial leave grant.
- **Insurance:** The State of Michigan offers insurance options for: health, dental, vision, life and long term disability. For most coverage options there is a bi-weekly cost that will be deducted from your check. The effective date of coverage varies based on when the election form is returned. You must either call or complete and submit an enrollment form to the MI HR Service Center within the first 31 days of being hired. For additional information see www.michigan.gov/selfserv.



ABC's continued

- **Jury Duty:** An employee summoned to jury duty or subpoenaed as a witness for the people related to state employment, is paid the difference between any jury or subpoena fee received and the employee's regular pay during the period of required attendance.
- **Longevity Payments:** An employee who is expected to complete, or has completed, the equivalent of 6 years or more of continuous full time classified service in a fiscal year is eligible for an annual longevity payment on October 1 of that fiscal year.



ABC's continued

- **Lunch:** Lunch is unpaid, and occurs in the middle of the work shift. With the supervisor's approval the length of lunch may vary (between thirty minutes and one hour). Lunch cannot be routinely skipped to shorten the workday.
- **MI HR Service Center:** Assists employees with Open Enrollment, Benefits Information/changes, Personal Information/changes, Payroll deductions such as EFT's, taxes, parking, savings bonds etc. Their phone number is 1-877-766-6447.

ABC's continued

- **MI HR Self-Service:** You will receive a USER ID and Password to access the following site www.michigan.gov/selfserv. You will find your most up-to-date personnel information in self-service including your pay statements. You may also make certain changes in self-service.
- **Military Service:** If the employee has military service, they should submit their DD214 to OHR as soon as possible after appointment. Up to five (5) years of honorable service time may be applied solely for the purpose of annual leave and longevity credit.

ABC's continued

- **Motor Vehicle Accidents:** An employee who is involved in a motor vehicle accident while in a state vehicle must submit a Motor Vehicle Accident Report immediately. If a police report was filed, a copy of the report should be submitted with the Accident Report.
- **Non-Exclusively Represented Employees (NERES):** NERES are employees who are not represented by a Union.

ABC's continued

- **Overtime:** Eligibility for overtime depends upon the status of your position under the Fair Labor Standard Act and the terms of your collective bargaining agreement. All overtime work must be authorized in advance by your supervisor/manager.
- **Parking:** Some work locations have free onsite parking. In other locations, employees may park in state and city owned parking ramps/lots for an associated cost. Some parking fee locations are eligible for direct payment deducted via payroll.

ABC's continued

- **Pay Checks:** Paychecks are issued biweekly, on the second Thursday of the biweekly period. All newly hired employees are required to have their paychecks deposited via Electronic Fund Transfer (EFT) into their banking institution. You may review your leave and earnings statement at www.michigan.gov/selfserv.
- **Personnel Files:** The Office of Human Resources maintains the official personnel file for employees. The Detroit Human Resource Office maintains personnel files for UIA employees. To review your file, you must contact the appropriate office to arrange an appointment.

ABC's continued

- **Position Description:** A position description describes the duties and responsibilities of your job.
- **Probation:** Newly hired employees are placed on a probationary period. During this period, you will be learning your job duties and demonstrating your skills and abilities. You will be evaluated at 3 month, 6 month and 1 year increments. If your probationary period is not satisfactory, you may be removed from state employment.

ABC's continued

- **Retirement:** All new employees will be in the Defined Contribution plan administered by CitiStreet. If rehired employee has State service time prior to 3/30/97 and had not been given the opportunity to select a retirement option, they should complete the appropriate form and return it to the OHR office. Employees need to read their provided literature carefully. CitiStreet welcome packets are supposed to be sent out within a few weeks of hire but seem to be taking a few months, so we encourage the employee to contact CitiStreet immediately to request a welcome packet and PIN. That number is 1-800-748-6128.



ABC's continued

- **School/Community Leave:** An eligible employee that has completed 1,040 hours of satisfactory service is credited with 8 hours of school and community participation leave each October 1. Leave credits that are not used by the last pay period of the fiscal year are lost.
- **Sick Leave:** An employee is credited with four (4) hours of sick leave at the completion of each bi-weekly pay period. Sick leave may be used the pay period after it is earned. Employees appointed to non-career positions are not eligible to accrue leave time. A Leave of Absence Request must be completed for use of sick leave over 5 days. Employees hired after October 1, 1980 do not receive pay off for their sick leave balances upon separation from State service.



ABC's continued

- **Step Increases:** If the compensation plan creates steps in the pay range, an employee receives pay increases in the amounts and intervals provided for in the compensation schedule. An employee under an unsatisfactory probationary, interim, or follow-up rating is not eligible for a step increase.
- **Supplemental Employment:** A supplemental employment application is required to be submitted for approval when engaging in supplemental employment.



ABC's continued

- **Timekeeping:** A time sheet must be completed and signed at the end of each pay period. Some areas use a computerized system (DCDS), while a few areas use paper time sheets to certify time and attendance. Instructions on using the DCDS system may be found on the DLEG Intranet site.
- **Union Membership:** There are several Bargaining Units that represent DLEG employees. Employees are informed of the Union that represents them, if any, upon hire.



ABC's continued

- **Voluntary Work Schedule Adjustment Agreement (VWSAA):** If operational needs allow, an employee that has completed 720 hours of satisfactory service can request supervisory approval for a reduction in the number of regular hours worked, or a period of time off, without pay, but with no impact on continuous service hours, leave accruals or other benefits.